

**VIRGINIA BOARD OF MEDICINE  
Ad Hoc Committee on Competency**

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Friday, April 3, 2009

Department of Health Professions

Richmond, VA

**CALL TO ORDER:** The meeting convened at 10:12 a.m.

**MEMBERS PRESENT:** Malcolm Cothran, MD  
Claudette Dalton, MD  
Roderick Mathews, JD

**MEMBERS ABSENT:** Wayne Reynolds, DO

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Ola Powers, Deputy Executive Director, Licensing  
Colanthia Morton Opher, Operations Manager  
Elaine Yeatts, DHP Senior Policy Analyst

**OTHERS PRESENT:** Scott Johnson, HDJN  
Tyler Cox, HDJN

**ROLL CALL**

**EMERGENCY EGRESS INSTRUCTIONS**

Dr. Dalton read the Emergency Egress instructions.

**INTRODUCTION OF THE PANEL MEMBERS**

**REVIEW AND APPROVAL OF MINUTES FROM JANUARY 27 AND SEPTEMBER 22, 2006**

Dr. Cothran moved to approve the minutes as presented. The motion was seconded and carried.

**ADOPTION OF THE AGENDA**

Mr. Mathews moved to approve the agenda as presented. The motion was seconded and carried.

## **PUBLIC COMMENT ON AGENDA ITEMS**

Dr. Dalton acknowledged guests and opened the floor for public comment. There was no public comment.

## **SUMMARY**

Dr. Dalton briefly reviewed the documentation provided in the agenda packet. She stated that a forthcoming report from the Council on Education will capture all of the information succinctly. She informed the Committee that although the Principles, with some modifications, were recently adopted by the American Board of Medical Specialties, the FSMB's Maintenance of Licensure report is on hold until the end of April.

The Committee determined that its scope should be two-fold: 1) do an in-depth review of the current laws and regulations and develop a model to accurately assess the competency of physicians applying for an initial Virginia license; and 2) develop a competency assessment model for re-licensure, whether by renewal or reinstatement of those practitioners who hold or that have previously held a Virginia license. It was agreed that the development of a competency assessment model be addressed first.

Discussion by the Committee included:

- Concerns about the competency of general practitioners that practice specialty medicine without the benefit of additional specialty training beyond medical school
- Concerns about the competency of specialists that practice primary care medicine without the benefit of additional training beyond medical school
- Whether requiring board eligibility and/or board certification for re-licensure should be necessary for licensure and if board certification alone was an accurate assessment of competency
- If board certifications are required, what should be done about physicians who are grandfathered for their boards, practitioners who are not board eligible or practitioners who practice in an area without board certification such as administration or research
- Whether use of performance improvement continuing education should be the sole or primary form of CME to indicate competence or whether other forms of CME were also valuable
- Requiring the completion of a full residency for initial licensure
- Possible use of periodic peer assessments or other evaluations

Dr. Dalton expressed her concern that if the Board and the broader medical community did not take the lead in these matters and promulgate appropriate regulations, it may be done by an outside entity with unintended consequences.

Dr. Harp stated that the ideal goal was to have 100% of the physicians licensed in Virginia be board certified. He also suggested continuing competency could be underscored in a number of different ways, including by written exam, peer evaluation and continuing medical education.

Ms. Yeatts cautioned against the use of self-assessment by the practitioner as a valid option for objective proof of competency, advising that this concept had been rejected by the Board in the past. Several Canadian provinces use independent outside evaluators of performance on a rotating schedule to assess practices. Such a model would be ideal but would be too expensive in the US. Additional discussion concerned cost-effective recruitment and training of such independent practice assessors and several possible models were discussed.

Dr. Dalton informed the Committee that another form of self-assessment was currently being recommended as the first step in performance improvement activities. In this sense, self-assessment is defined as the doctor's evaluation of possible options for improvements in care and as such is an integral part of any Performance Improvement CME that might be used as one element of a continuing competency model.

Other forms of independent objective assessments were discussed such as 360 evaluations and patient satisfaction surveys. These are routinely used by hospital credentialing committees and would provide a wealth of relatively objective performance evaluations. However, these assessments are held by the hospitals and might not be available to the BOM for legal or privacy reasons.

The Committee remained mindful that the amount of time spent on regulatory requirements impinges upon patient care, but for the protection of the public, an effective model for ensuring continuing competency is essential.

In preparation for the next meeting, Dr. Cothran, Mr. Mathews, and Dr. Harp will review and report on the peer review and confidentiality sections of the April 3, 2009 agenda packet. Dr. Dalton will report on the exam and continuing medical education sections.

Ms. Yeatts reminded the Committee that if it wished to pursue an amendment to the regulations this year, a NOIRA would need to be presented to the Legislative Committee at its meeting on May 15, 2009. If approved, it would then be presented for the Full Board's consideration on June 25, 2009. Proceeding in this manner would meet the timetable for the Agency Director's review and consideration for inclusion in DHP's legislative packet for the 2010 Session of the General Assembly.

**FINAL APPROVED/5-11-09**

Dr. Dalton will be contacting additional individuals to invite them to participate on the Committee.

**Next meeting** – TBA

**Adjournment** – With no other business to conduct, the Ad Hoc Committee meeting adjourned at 12:11 p.m.

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Claudette Dalton, MD, Chair

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William L. Harp, M.D.  
Executive Director

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Colanthia M. Opher  
Recording Secretary